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SERIAL NUMBER 10/750,937	FILING OR 371(c) DATE 12/31/2003 RULE	CLASS 601	GROUP ART UNIT 3764	ATTORNEY DOCKET NO. 212/546
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APPLICANTS

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**** CONTINUING DATA *******

This application is a CON of 10/427,645 04/30/2003 PAT 6,939,315
 which is a CON of 09/866,377 05/25/2001 PAT 6,616,620

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED****** 05/06/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 44	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged _____ Examiner's Signature Initials				

ADDRESS

23371

TITLE

CPR ASSIST DEVICE ADAPTED FOR ANTERIOR/POSTERIOR COMPRESSIONS

FILING FEE RECEIVED 897	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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